

**COUNTY OF MOORE
P.O. BOX 905
CARTHAGE, NC 28327**

VENDOR INFORMATION FORM

COMPANY NAME: _____

ORDERING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

REMITTANCE ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

STANDARD TERMS: _____ **FED. ID#:** _____ **INCORPORATED:** _____

TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

E-MAIL ADDRESS: _____ **WEBSITE:** _____

MANAGER: _____ **TELEPHONE NUMBER:** _____

SALES REP: _____ **TELEPHONE NUMBER:** _____

TYPE OF DISTRIBUTOR: _____ **NUMBER OF YEARS IN BUSINESS:** _____

MINORITY BUSINESS: _____ **NO** _____ **YES** _____ ***IF YES, WHAT TYPE:** _____

(Black, Hispanic, Asian American, American Indian, Female, Socially and Economically Disadvantaged)

Has your minority status been certified? _____ **If so, by what agency?** _____

****Attach certification****

****Attach certification****

PLEASE LIST THE VARIOUS PRODUCTS OF SERVICE YOUR COMPANY PROVIDE:

LIST THREE REFERENCES YOU PROVIDE PRODUCTS OR SERVICE TO:

PLEASE RETURN OR FAX THIS INFORMATION TO:

**MOORE COUNTY
FINANCIAL SERVICES
P.O. BOX 905
CARTHAGE, NC 28327
PHONE: (910) 947-6310
FAX: (910) 947-6311**